

DEPARTMENT OF THE ARMY
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER
6900 Georgia Avenue, NW
Washington, DC 20307-5001

Nursing Policy

23 July 2005

Scope of Patient Care and Service

- 1. UNIT TITLE:** Ward 40, Coronary Care Unit
- 2. DESCRIPTION:** 9-bed unit, 3-6 average daily census.
- 3. PATIENT POPULATION SERVED:** Adults, ages 18-90+ Gender: Male and female.
- 4. CONDITION AND DIAGNOSIS TREATMENT:** Rule Out Myocardial Infarction, Dsyrhythmias, Congestive Heart Failure, Gastrointestinal Bleeding
 - a. High Volume:
 - 1) Acute Coronary Syndrome
 - 2) Dsyrhythmias
 - 3) Congestive Heart Failure
 - b. High Risk
 - 1) Intubated/Ventilated patients
 - 2) Intra-Aortic Balloon Pump
 - 3) Transvenous Pacer
 - c. Problem Prone:
 - 1) Patients requiring restraint application
 - 2) Patients requiring Intra- Aortic Balloon Pump
 - d. High Cost: Cardiac procedure
 - e. Excluded Patients/Services: Pediatric patients
- 5. STANDARDS OR GUIDELINES FOR PRACTICE:**
 - a. AR 570-4, Manpower Management, 15 May 2000.
 - b. FM 8-501, The Workload Management System for Nursing, Nov 1990.
 - c. WRAMC Regulations
 - d. WRAMC Nursing Polices
 - e. CCNS standard operating procedures
 - f. Unit level standard operating procedures
 - g. American Nurses Association, Scope and Standards of Practice, 2004.

- h. Lynn-McHale, D.J. & Carlson, K.K. AACN Procedure Manual for Critical Care, 4th ed., 2001.
- i. McCance, K. L., & Huether, S. E. Pathophysiology: Biological Basis for Disease in Adults and Children, 4th Ed., Elsevier, 2002.
- j. Sole, M. L., Goldenberg, D., & Moseley, M. Introduction to Critical Care Nursing 4th Ed., Elsevier, 2005.
- k. Springhouse, Nursing Procedures, Lippincott, 2004. To accompany software program: Procedures, Version 2.2, Lippincott, 2004
- l. Smith, Sandra F. & Duell, Donna J. Clinical Nursing Skills, 4th ed. Appleton & Lange, 1996.

6. TREATMENT AND ACTIVITIES PERFORMED: All nursing activities are performed in accordance with the Scope of Practice and Competency Based Orientation. Common clinical activities include: admission assessments, patient and family teaching, venipunctures, peripheral intravenous therapy, central line insertion and maintenance, fingerstick blood glucose monitoring, blood transfusion, medication administration, urinary catheterization, nasogastric tube insertion, tube feedings, oral or nasogastric suctioning, dressing and wound care, respiratory treatments, oxygen therapy, cardiac monitoring, pain management, ventilators, Intra-Aortic Balloon Pump, Transvenous pacer and ongoing assessments and document of nursing and medical intervention.

7. PERSONNEL PROVIDING CARE:

- a. Nursing:
 - 1) Registered Nurses
 - 2) Licensed Practical Nurses
 - 3) Medical Record Technicians
- b. Other Personnel:
 - 1) Physicians
 - 2) Anesthetists
 - 3) Physical Therapists
 - 4) Occupational Therapists
 - 5) Social Workers
 - 6) Pharmacists
 - 7) Dieticians
 - 8) Respiratory Therapist
 - 9) Radiology
 - 10) Chaplain

c. Unit core staffing plan

CCU	ASAM Authorizations TDA 0202		Weekday Staffing Matrix (Excluding Head Nurse and Wardmaster)			Weekend Staffing Matrix (Excluding Head Nurse and Wardmaster)		
Staffing	Military	Civilian	Day	Evening	Night	Day	Evening	Night
RN	13	7	3	3-4	3-4	3-4	3-4	3-4
LPN	9	2	1	1	1	1	1	1
NA	0	0	0	0	0	0	0	0
MRT	0	2	1	1	0	0	0	0

8. HOURS OF SERVICE: 24 hours per day

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Scope of Patient Care and Service

1. UNIT TITLE: Ward 41 and Cardiac Step Down Unit and Cardiovascular Short – Stay Observation Center (CSSOC).

2. DESCRIPTION: Ward 41 is an 11 bed cardiac step - down unit with telemetry capabilities, CSSOC is a 6-bed unit. An average daily census for Ward 41 is 8 patients, managed for a 24 hour period divided into 8 hour shifts, to compliment staffing of 3 RN, 2 LPN, and 1 CNA from the hours of 0700 to 1500; then 2RN, 1LPN, 2CNA from the hours of 1500 to 2300; and 1RN, 1LPN, and 1 CNA from the hours of 2300 to 0700, responsible for the care of the patients. CSSOC has an average daily census of 4 managed by 2 nurses for 16 hours.

3. PATIENT POPULATION SERVED: Patient Population: CSSOC serves ages 18 – 90+, patients requiring complex cardiac procedures that are scheduled at least 24 hours in advance on an outpatient basis. Patients require intense observation, care and monitoring not located on other outpatient units (i.e. continuous cardiac monitoring.) Ward 41 serves the same age range, used for patients who require 24-hour cardiac monitoring during acute cardiac changes, but are hemodynamically stable. They are eligible for care designated by the Defense Eligibility and Enrollment Reporting System (DEERS) and the Patient Administration Department.

4. CONDITIONS AND DIAGNOSES TREATED: Conditions and Diagnoses Treated: Ward 41 and CSSOC are designed to provide efficient pre and post procedure management of stable patients receiving complex cardiac procedures. Unit functions include pre procedure teaching and patient preparation, as well as, post procedure monitoring, review of results/treatments and discharge planning. The procedures include, but are not limited to the following: Diagnostic Cardiac Catheterization, Peripheral Revascularization (Atherectomy, Stent, Percutaneous Transluminal Angioplasty- PTA), Electrophysiology Studies (EPS/ Ablation, Pacemaker Generator Changes, and Cardioversions).

a. High Volume:

1. Cardiac diagnoses excluding myocardial infarctions
2. Myocardial infarctions

b. High Cost: Cardiac procedures

c. Excluded Patients/Services: Patients/personnel not included in paragraph 2.

5. STANDARDS OR GUIDELINES FOR PRACTICE:

- a. AR 570-4, Manpower Management, 15 May 2000.
- b. FM 8-501, The Workload Management System for Nursing, Nov 1990.
- c. WRAMC Regulations
- d. WRAMC Nursing Policies
- e. CCNS standard operating procedures
- f. American Nurses Association, Scope and Standards of Practice, 2004.
- g. Lynn-McHale, D.J. & Carlson, K.K. AACN Procedure Manual for Critical Care, 4th ed., 2001.
- h. McCance, K. L., & Huether, S. E. Pathophysiology: Biological Basis for Disease in Adults and Children, 4th Ed., Elsevier, 2002.
- i. Sole, M. L., Goldenberg, D., & Moseley, M. Introduction to Critical Care Nursing 4th Ed., Elsevier, 2005.
- j. Springhouse, Nursing Procedures, Lippincott, 2004. To accompany software program: Procedures, Version 2.2, Lippincott, 2004
- k. Smith, Sandra F. & Duell, Donna J. Clinical Nursing Skills, 4th ed. Appleton & Lange, 1996

6. TREATMENTS AND ACTIVITIES PERFORMED:

The Nursing Staff are comprised of RN, and LPN either military or civilian, who are specially trained and experienced in the care of the ill patients. Completion of the specific Critical Care Nursing Section Orientation and Preceptorship, Medication Certification exams and skill Validation are required before Nursing Staff functions independently. The Nursing Care delivery system is Primary Care Nursing with a team approach. All patients will have either a RN providing direct care, or a LPN providing care within their scope of practice under the direction and supervision of a RN. Common clinical activities include: admission assessments, patient and family teaching, venipunctures, peripheral intravenous therapy, finger stick blood glucose monitoring, blood transfusions, medication administration, urinary catheterization, nasogastric tube insertion, tube feedings, oral or nasogastric suctioning, dressing and wound care, oxygen therapy, cardiac monitoring, vital signs monitoring, pain management, and ongoing assessments and documentation of nursing and medical intervention. Nursing Care is focused around an individualized plan of care. The goal include minimizing cardiogenic complication of complex diagnostic and therapeutic interventions, and promoting the well-being and health care maintenance skills of both, the patient and significant others, through patient education plans.

7. PERSONNEL PROVIDING CARE:

- a. Nursing:
 - 1) Registered Nurses
 - 2) Licensed practical nurses

3) Nurse Assistants

b. Other Personnel:

1. Physicians
2. Physician Assistants
3. Physical Therapists
4. Occupational Therapists
5. Social Workers
6. Pharmacists
7. Dietitians
8. Respiratory Therapy
9. Radiology Technicians
10. Laboratory Technicians
11. Chaplain

c. Unit core staffing plan

Ward 41	ASAM Authorizations TDA 0202		Weekday Staffing Matrix (excluding Head Nurse and Wardmaster)			Weekend Staffing Matrix (Excluding Head Nurse and Wardmaster)		
Staffing	Military	Civilian	Day	Evening	Night	Day	Evening	Night
RN	6	11	3	2	1	2	2	1
LPN	7	3	2	1	1	2	1	1
NA	5	2	2	2	1	2	1	1
MRT	0	2	1	1	0	1	1	0

8. Hours of Service: Ward 41: 24; CSSOC: 16.

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Scope of Patient Care and Service

1. TITLE: Ward 45A Surgical and Cardiothoracic Intensive Care Unit

2. DESCRIPTION: Ward 45A has a maximum capacity of 14 beds and an operating capacity of 12 beds - eight surgical beds and four cardiothoracic beds. Our twenty-four hour mission is to provide outstanding comprehensive direct nursing care to critically ill surgical/open heart postoperative patients in accordance with the Standards of Practice established by the American Association of Critical Care Nurses. We are located on the fourth floor of the facility next to the operating suites. The average daily patient census is seven; average length of stay is two to four days. The average patient acuity is 5.8. Our average daily workload is 300 nursing care hours.

We support eight surgical subspecialties to include General Surgery, ENT, GYN, Orthopedics, Vascular Surgery, Genitourinary Surgery, Neurosurgery, Cardiothoracic Surgery and Kidney Transplant services.

3. PATIENT POPULATION SERVED: Patients admitted to the Surgical/Cardiothoracic Unit range in age from young adult to geriatric individuals. Patients are considered for admission to the unit if they require complex surgical intervention, are eligible for care as designated by the Defense Eligibility and Enrollment Reporting System (DEERS) and the Patient Administration Department. This includes active duty service members and their families, retired service members and their family, and reserve members on active duty.

4. CONDITIONS AND DIAGNOSES TREATED: This unit provides care to young adult to geriatric patients from eight surgical subspecialties. Cardiothoracic and Neurosurgical patients comprise the highest volume populations.

- a. High Volume:
 - 1) CABG
 - 2) Neurosurgery-Craniotomies
 - 3) Abdominal surgeries
 - 4) Vascular surgeries
 - 5) ENT surgeries

- b. High Risk:
 - 1) Intubated/ventilated patients
 - 2) Patients with arterial access devices
 - 3) Patients with ventriculostomy devices
 - 4) Head injury observation
 - 5) Patients requiring restraint application
- c. Problem Prone:
 - 1) Impaired airway clearance
 - 2) Severe pain hindering pulmonary hygiene
 - 3) Acute blood loss
 - 4) Hypotension/Hypertension requiring fluids and/or pharmacological interventions
 - 5) Actual or potential alteration in level of consciousness secondary to CNS injury
- d. High Cost:
 - 1) CABG
 - 2) Craniotomies
 - 3) Ventilator dependency
 - 4) Sepsis
 - 5) Dialysis
- e. Excluded Patients/Services:
 - 1) Patients younger than 18 years of age
 - 2) S/P Cardiac or PTCA

5. STANDARDS OR GUIDELINES FOR PRACTICE:

- a. AR 570-4, Manpower Management, 15 May 2000.
- b. FM 8-501, The Workload Management System for Nursing, Nov 1990.
- c. WRAMC Regulations
- d. WRAMC Nursing Policies
- e. CCNS standard operating procedures
- f. Unit level standard operating procedures
- g. American Nurses Association, Scope and Standards of Practice, 2004.
- h. Lynn-McHale, D.J. & Carlson, K.K. AACN Procedure Manual for Critical Care, 4th ed., 2001.
- i. McCance, K. L., & Huether, S. E. Pathophysiology: Biological Basis for Disease in Adults and Children, 4th Ed., Elsevier, 2002.
- j. Sole, M. L., Goldenberg, D., & Moseley, M. Introduction to Critical Care Nursing 4th Ed., Elsevier, 2005.
- k. Smith, Sandra F. & Duell, Donna J. Clinical Nursing Skills, 4th ed. Appleton & Lange, 1996 Society of Critical Care Medicine Guidelines.
- l. Springhouse, Nursing Procedures, Lippincott, 2004. To accompany software program: Procedures, Version 2.2, Lippincott, 2004

6. TREATMENTS AND ACTIVITIES PERFORMED: All nursing activities are performed in accordance with the Scope of Practice and Competency Based Orientation. Common clinical activities include: bedside cardiac monitoring, venipunctures, peripheral intravenous therapy, WAIVE laboratory testing, blood transfusions, medication administration and titration, urinary catheterization, nasogastric tube insertion/maintenance, tube feedings, TPN administration via peripheral and central lines routes, oral or nasogastric suctioning, chest tube insertion/maintenance, central line/triple lumen catheter insertion/maintenance, dialysis, dressing and wound care, respiratory treatments, oxygen therapy to include intubation when indicated, invasive monitoring, vital signs monitoring, pain management, a total patient admission assessment that includes physical, psychosocial, and educational needs, patient/sponsor teaching on procedures, treatments, medications, discharge planning, ongoing assessments, and documentation of nursing and medical intervention.

7. PERSONNEL PROVIDING CARE:

a. Nursing: We are currently staffed with 13 military RNs, 17 civilian RNs, 3 military LPNs, 2 nursing assistants, and 3 medical records technicians. In order to meet and maintain our core staffing of 8 nurses per shift, we supplement our staff with contract nurses from four agencies. If additional staff is required either due to high census or high patient acuity, a call system for military personnel is activated. The nurse to patient ratio is one to one or one to two. A low nurse to patient ratio allows for complex, high frequency nursing interventions and the interdependent nursing functions needed for early detection of complications.

b. Other Personnel: The interdisciplinary team consists of physicians in training, respiratory therapists, occupational therapists, physical therapists, social workers, pharmacists, dieticians, radiology technicians, clinical nurse specialists, certified registered nurse anesthetists, and chaplains. Patients are followed in the unit by their primary surgical team as well as a team of consulting intensivists.

c. Unit core Staffing plan

SICU	ASAM Authorizations TDA 0202		Weekday Staffing Matrix (excluding Head Nurse and Wardmaster)			Weekend Staffing Matrix (Excluding Head Nurse and Wardmaster)		
	Military	Civilian	Day	Evening	Night	Day	Evening	Night
RN	13	17	8	8	8	8	8	8
LPN	3	1	1	0	1	0	0	0
NA	0	2	1	0	1	0	0	0
MRT	0	3	1	1	1	0	0	0

8. Hours of Service: This provides continuous care 24 hours a day, 7 days a week.

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Scope of Patient Care and Service

1. **UNIT TITLE:** Ward 45B, Medical and Pediatric Intensive Care Unit
2. **DESCRIPTION:** Ward 45B is a 12-bed unit with an average daily census of eight. The average acuity level is 5.5.
3. **PATIENT POPULATION SERVED:** The unit serves adult medical and pediatric medical and surgical patients from one day old (excluding newborns except to stabilize and transport out in the event of a precipitous birth in the facility) to geriatrics who are eligible for care as designated by the Defense Eligibility and Enrollment Reporting System (DEERS) and the Patient Administration Department. Patients who require intense observation, care, and monitoring not available on other inpatient units (i.e., continuous cardiac monitoring, invasive monitoring, or ventilator therapy).
4. **CONDITIONS AND DIAGNOSES TREATED:** Respiratory distress/ failure, sepsis, gastrointestinal bleeding, pediatric post-operative care.
 - a. High Volume:
 - 1) Respiratory diagnoses, including ARDS, respiratory failure, pneumonia, Bronchiolitis, and COPD exacerbation
 - 2) GI bleed
 - 3) Sepsis
 - 4) Pediatric spine surgery
 - b. High Risk:
 - 1) Intubated/ventilated patients
 - 2) Patients requiring application of restraints
 - 3) Patients requiring ventriculostomies
 - 4) Pediatric open-heart surgery patients
 - c. Problem Prone:
 - 1) Restrained patients
 - 2) Infants and toddlers for post-operative respiratory observation

3) Long term patients

d. High Cost:

- 1) Pediatric open heart surgery
- 2) Septic shock
- 3) Long term patients
- 4) Continuous renal replacement therapy
- 5) Home ventilator patients requiring ICU admission

5. STANDARDS OR GUIDELINES FOR PRACTICE:

- a. AR 570-4, Manpower Management, 15 May 2000.
- b. FM 8-501, The Workload Management System for Nursing, Nov 1990.
- c. WRAMC Regulations
- d. WRAMC Nursing Policies
- e. CCNS standard operating procedures
- f. Unit level standard operating procedures
- g. American Nurses Association, Scope and Standards of Practice, 2004.
- h. Lynn-McHale, D.J. & Carlson, K.K. AACN Procedure Manual for Critical Care, 4th ed., 2001.
- i. McCance, K. L., & Huether, S. E. Pathophysiology: Biological Basis for Disease in Adults and Children, 4th Ed., Elsevier, 2002.
- j. Sole, M. L., Goldenberg, D., & Moseley, M. Introduction to Critical Care Nursing 4th Ed., Elsevier, 2005.
- k. Springhouse, Nursing Procedures, Lippincott, 2004. To accompany software program: Procedures, Version 2.2, Lippincott, 2004
- l. Smith, Sandra F. & Duell, Donna J. Clinical Nursing Skills, 4th ed. Appleton & Lange, 1996

6. TREATMENTS AND ACTIVITIES PERFORMED: All nursing activities are performed in accordance with the Scope of Practice and Competency Based Orientation. Common clinical activities include: admission and every four hour assessments, patient and family teaching, venipunctures, peripheral and central intravenous therapy, WAIVE laboratory testing, blood transfusions, medication administration and titration (including light and moderate conscious sedation), urinary catheterization, naso- and orogastric tube insertion, tube feedings, oral or nasogastric suctioning, dressing and wound care, respiratory treatments (including mechanical ventilation), oxygen therapy, invasive monitoring, vital signs monitoring, pain management, and ongoing assessments and documentation of nursing and medical interventions.

7. PERSONNEL PROVIDING CARE: The interdisciplinary team consists of intensivists, physicians in training, registered nurses, licensed practical nurses, nursing assistants, nurse practitioners, respiratory therapists, occupational therapists, physical therapists, social workers, pharmacists, dieticians, radiology technicians, chaplains.

a. Nursing

- 1) Registered Nurses: 25
- 2) Master's prepared: 5
- 3) Bachelor's prepared: 19
- 4) Associate's prepared: 1
- 5) Certified (CCRN): 4
- 6) Licensed Practical Nurses: 3
- 7) Nursing Assistants: 2
- 8) Medical Records Technicians: 3

b. Medical Personnel:

- 1) Physicians
- 2) MICU and PICU medical directors
- 3) Staff attending (board certified/eligible in pulmonary or critical care medicine; available in house or by pager 24 hours/day)
- 4) Fellows (adult critical care or pulmonary medicine)
- 5) Residents
- 6) Medical students
- 7) Pediatric Nurse Practitioner: 1

c. Other Personnel:

- 1) Social Workers
- 2) Chaplains
- 3) Respiratory Therapists
- 4) Physical Therapists
- 5) Occupational Therapists
- 6) Pharmacists
- 7) Dieticians
- 8) Dialysis Technicians
- 9) Radiology Technicians
- 10) Laboratory Technicians
- 11) Play Therapists
- 12) ECHO Technicians
- 13) EEG Technicians
- 14) Housekeepers

d. Unit core staffing plan:

MICU / PICU	ASAM Authorizations TDA 0202		Weekday Staffing Matrix (Excluding Head Nurse and Wardmaster)			Weekend Staffing Matrix (Excluding Head Nurse and Wardmaster)		
Staffing	Military	Civilian	Day	Evening	Night	Day	Evening	Night
RN	23	10	7	7	7	7	7	7
LPN	10	10	1	1	1	1	1	1
NA	0	2	1	1	0	0	0	0
MRT	0	5	1	1	0.3	1	0.5	0

8. HOURS OF SERVICE: 24 hours per day

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Nursing Policy

23 July 2005

Scope of Patient Care and Service

1. UNIT TITLE: Ward 45C, Intermediate Care Unit

2. DESCRIPTION: Ward 45C is an 8 bed Intermediate Care Unit with an average daily census of 4 patients. Our daily workload average consists of 84.6 Nursing Care Hours.

3. PATIENT POPULATION SERVED:

The Intermediate Care Unit is a combined adult and adolescent multi-disciplinary inpatient unit. "The intermediate care unit serves as a place for the monitoring and care of patients with moderate or potentially severe physiologic instability, requiring technical support but not necessarily artificial life support. The intermediate care unit is reserved for those patients requiring less care than standard intensive care, but more than that which is available from ward care."

4. CONDITIONS AND DIAGNOSES TREATED:

The Intermediate Care Unit offers sophisticated medical and surgical nursing care to the transitioning critically ill patients. Patients considered for admission are those requiring 1:3 nursing intensity; need frequent cardiac, respiratory, or central venous pressure monitoring; stable with significant risk for decompensation (r/o low probability myocardial infarction); post-op patients needing frequent vital sign and fluid status monitoring, frequent respiratory treatments (Q-2hr); continuous invasive arterial pressure monitoring with or without frequent blood sampling; need for non-titration of IV continuous medications (i.e. Vasopressors); stable ventilator dependent patients for weaning and chronic care (ET or tracheotomy); terminal, irreversible illnesses requiring high intensity support and comfort measures for patients and family members.

Mechanisms used to identify patient care needs are determined through morning patient rounds, weekly multidisciplinary meetings and the integrated patient documentation record. Families are involved with all aspects of care to provide a holistic approach to achieve patient outcomes. If the patient's acuity level exceeds the nursing capacity and skill level maintained in the Intermediate Care Unit, patients are transferred to the intensive care units.

a. High Volume

- 1) Upper and lower GI Bleeds
- 2) Acute renal failure
- 3) Mental status changes
- 4) ETOH withdrawal
- 5) Pneumonias
- 6) Congested heart failure/pleural effusions

b. High Risk

- 1) R/O Pulmonary embolus
- 2) Hypertensive Crisis
- 3) R/O CVA
- 4) End stage renal disease
- 5) Seizures

c. Problem Prone:

- 1) Failure to wean- respiratory failures
- 2) Pre-organ transplant
- 3) Cranial surgery
- 4) Hypotension/sepsis
- 5) Vascular surgery

d. High Cost:

- 1) Long-term patients
- 2) Neurological injuries
- 3) Pre-organ care
- 4) Failure to wean

e. Excluded Patients/Services:

- 1) Pediatric patients
- 2) Patients requiring intensive care- unstable requiring 1 hour or less monitoring

5. STANDARDS OR GUIDELINES FOR PRACTICE:

- a. AR 570-4, Manpower Management, 15 May 2000.
- b. FM 8-501, The Workload Management System for Nursing, Nov 1990.
- c. WRAMC Regulations
- d. WRAMC Nursing Policies
- e. CCNS standard operating procedures
- f. Unit level standard operating procedures

- g. American Nurses Association, Scope and Standards of Practice, 2004.
- h. Lynn-McHale, D.J. & Carlson, K.K. AACN Procedure Manual for Critical Care, 4th ed., 2001.
- i. McCance, K. L., & Huether, S. E. Pathophysiology: Biological Basis for Disease in Adults and Children, 4th Ed., Elsevier, 2002.
- j. Sole, M. L., Goldenberg, D., & Moseley, M. Introduction to Critical Care Nursing 4th Ed., Elsevier, 2005.
- k. Springhouse, Nursing Procedures, Lippincott, 2004. To accompany software program: Procedures, Version 2.2, Lippincott, 2004
- l. Smith, Sandra F. & Duell, Donna J. Clinical Nursing Skills, 4th ed. Appleton & Lange, 1996

6. TREATMENTS AND ACTIVITIES PERFORMED:

All nursing activities are performed in accordance with the Scope of Practice and Competency Based Orientation. Common clinical activities include: admission assessments, patient and family teaching, venipunctures, peripheral intravenous therapy, finger stick blood glucose monitoring, blood transfusions, medication administration, urinary catheterization, nasogastric tube insertion, tube feedings, oral or nasogastric suctioning, dressing and wound care, respiratory treatments, oxygen therapy, cardiac monitoring, vital sign monitoring, pain management, and ongoing assessments and documentation of nursing and medical intervention.

7. PERSONNEL PROVIDING CARE:

- a. Nursing
 - 1) Registered Nurses: 7
 - 2) Licensed Practical Nurses: 6
 - 3) Nursing Assistants: 2
 - 4) Medical Records Technicians: 2
- b. Other Personnel:
 - 1) Physicians
 - 2) Certified Registered Nurse Anesthetists
 - 3) Physical Therapists
 - 4) Occupational Therapist
 - 5) Social Worker
 - 6) Pharmacists
 - 7) Dieticians
 - 8) Respiratory Therapy
 - 9) Radiology Technicians
 - 10) Laboratory Technicians
 - 11) Chaplain

c. Unit core staffing plan

ImCU	ASAM Authorizations TDA 0202		Weekday Staffing Matrix (Excluding Head Nurse and Wardmaster)			Weekend Staffing Matrix (Excluding Head Nurse and Wardmaster)		
Staffing	Military	Civilian	Day	Evenin g	Nigh t	Day	Evening	Nigh t
RN	5	7	2	2	2	2	2	2
LPN	4	2	1	1	1	1	1	1
NA	0	2	1	1	0	1	0	0
MRT	0	2	1			1		0

8. HOURS OF SERVICE: 24 hours per day

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Scope of Patient Care and Service

1. TITLE: WARD 46, Cardiothoracic Ward

2. DESCRIPTION: Ward 46 is a 14 bed Cardiothoracic Ward with an average daily census of 9 patients. Our average daily workload consists of 166 Nursing Care Hours.

3. PATIENT POPULATION SERVED:

Age specific care is provided to the adult patient population ranging from age 18 to 90 years. The complexity of patients range from pre and postoperative cardiothoracic patients to cardiology patients and medical patients who require telemetry monitoring and close observation.

4. CONDITIONS AND DIAGNOSES TREATED:

The Cardiothoracic step-down unit offers complex medical and surgical nursing care to the transitioning cardiothoracic pre and postoperative patient. Patient care processes and procedures performed consist of nursing care of post-operative coronary artery bypass patients, pre and post operative thoracotomy patients, esophageal, mediastinal and general chest diseases. Common clinical procedures include wound management of coronary artery bypass patients, placement and monitoring of chest tubes, interpretation of advanced cardiac rhythms, pre and postoperative testing and preparation for complex cardiothoracic and medical procedures, and postoperative cardiac catheterization recovery.

Mechanisms used to identify patient care needs are determined through morning patient rounds, weekly multidisciplinary meetings and the integrated patient documentation record. Families are involved with all aspects of care to provide a holistic approach to achieve patient outcomes. If the patient's acuity level exceeds the nursing capacity of this unit, patients are transferred to the Intermediate Care Unit, Coronary Care Unit, Surgical Intensive Care Unit or the Medical Intensive Care Unit.

a. High Volume:

- 1) Coronary Artery Disease
- 2) R/O Myocardial Infarction
- 3) Lung Cancer

- 4) Aortic or Mitral Valve Replacement
- 5) Staging for Lung CA

b. High Risk:

- 1) Post operative coronary artery bypass surgery
- 2) Post operative lung surgery
- 3) Externally paced patients
- 4) New Onset Atrial Fibrillation

c. Problem Prone:

- 1) Anticoagulation therapy for valvular heart disease
- 2) Heparin therapy for new onset atrial fibrillation

d. High Cost:

- 1) Cardiac procedures
- 2) Thoracotomy complications
- 3) Tracheostomies
- 4) Long-term patients requiring sub acute placement

e. Excluded Patients/Services:

- 1) Pediatric patients
- 2) Patients requiring hemodialysis at the bedside

5. STANDARDS OR GUIDELINES FOR PRACTICE:

- a. AR 570-4, Manpower Management, 15 May 2000.
- b. FM 8-501, The Workload Management System for Nursing, Nov 1990.
- c. WRAMC Regulations
- d. WRAMC Nursing Policies
- e. CCNS standard operating procedures
- f. Unit level standard operating procedures
- g. American Nurses Association, Scope and Standards of Practice, 2004.
- h. Lynn-McHale, D.J. & Carlson, K.K. AACN Procedure Manual for Critical Care, 4th ed., 2001.
- f. Cardiothoracic Nursing Textbook
- i. McCance, K. L., & Huether, S. E. Pathophysiology: Biological Basis for Disease in Adults and Children, 4th Ed., Elsevier, 2002.
- j. Sole, M. L., Goldenberg, D., & Moseley, M. Introduction to Critical Care Nursing 4th Ed., Elsevier, 2005.
- k. Springhouse, Nursing Procedures, Lippincott, 2004. To accompany software program: Procedures, Version 2.2, Lippincott, 2004
- l. Smith, Sandra F. & Duell, Donna J. Clinical Nursing Skills, 4th ed. Appleton & Lange, 1996

6. TREATMENTS AND ACTIVITIES PERFORMED:

All nursing activities are performed in accordance with the Scope of Practice and Competency Based Orientation. Common clinical activities include: admission assessments, chest tube management, patient and family teaching, venipunctures, peripheral intravenous therapy, finger stick blood glucose monitoring, blood transfusions, medication administration, urinary catheterization, nasogastric tube insertion, tube feedings, oral or nasogastric suctioning, dressing and wound care, respiratory treatments, oxygen therapy, cardiac monitoring, vital signs monitoring, pain management, and ongoing assessments and documentation of nursing and medical intervention.

7. PERSONNEL PROVIDING CARE:

a. Nursing:

- 1) Registered nurses: 9
- 2) Licensed practical nurses: 4
- 3) Nursing Assistants: 4
- 4) Medical Records Technicians: 2

b. Other Personnel:

- 1) Physicians: Five Staff Cardiothoracic Surgeons
- 2) Physician Assistants: 4
- 3) Physical Therapists: 2
- 4) Occupational Therapist: 1
- 5) Social Worker: 1
- 6) Pharmacist: 1
- 7) Dietitian: 1
- 8) Respiratory therapy: 1
- 9) Radiology technicians: 1
- 10) Chaplain

c. Unit core staffing plan

Ward 46		ASAM Authorizations TDA 0902		Weekday Staffing Matrix (Excluding Head Nurse and Wardmaster)		Weekend Staffing Matrix (Excluding Head Nurse and Wardmaster)		
Staffing	Military	Civilian	Day	Evening	Night	Day	Evening	Night
RN	8	4	3	2	2	2	2	2
LPN	7	0	1	1	1	1	1	1
NA	6	1	1	1	1	1	1	1
MRT		2	1	1				

8. HOURS OF SERVICE: (24 hours per day)

DEPARTMENT OF THE ARMY
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6900 Georgia Avenue, NW
Washington, DC 20307-5001

Nursing Policy

23 July 2005

Scope of Patient Care and Service

- 1. UNIT TITLE:** Post Anesthesia Care Unit
- 2. DESCRIPTION:** The PACU is a 15-bed unit with an average census of 30-35 patients per day with an average length of stay of 2 hours.
- 3. PATIENT POPULATION SERVED:** The patient population ranges from day old through geriatrics. These patients are provided post anesthesia nursing care during the immediate post anesthesia period in preparation for transition to Phase II recovery or the in-patient setting.
- 4. CONDITIONS AND DIAGNOSIS TREATED:** Patients receive Phase I post anesthesia nursing care that has undergone anesthesia by general, regional, local, and/or sedation methods.
 - a. High Volume: Same day surgery procedures
 - b. High Risk:
 1. ASA II, III, & IV category patients
 2. Patients requiring intravenous vasoactive medications
 - c. Problem Prone: Pediatric patients
 - d. High Cost:
 - e. Excluded Patients/Services: Patients requiring mechanical ventilation or hemodynamic pressure monitoring
- 5. STANDARDS OR GUIDELINES FOR PRACTICE:**
 - a. AR 570-4, Manpower Management, 15 May 2000.
 - b. FM 8-501, The Workload Management System for Nursing, Nov 1990.
 - c. WRAMC Regulations
 - d. WRAMC Nursing Policies
 - e. CCNS standard operating procedures
 - f. Unit level standard operating procedures
 - g. American Nurses Association, Scope and Standards of Practice, 2004.

- h. Lynn-McHale, D.J. & Carlson, K.K. AACN Procedure Manual for Critical Care, 4th ed., 2001.
- i. McCance, K. L., & Huether, S. E. Pathophysiology: Biological Basis for Disease in Adults and Children, 4th Ed., Elsevier, 2002.
- j. Sole, M. L., Goldenberg, D., & Moseley, M. Introduction to Critical Care Nursing 4th Ed., Elsevier, 2005.
- k. Springhouse, Nursing Procedures, Lippincott, 2004. To accompany software program: Procedures, Version 2.2, Lippincott, 2004
- l. Smith, Sandra F. & Duell, Donna J. Clinical Nursing Skills, 4th ed. Appleton & Lange, 1996.
- m. The American Society for Perianesthesia Nursing Standards of Care, 2000.
- n. Post Anesthesia Care Unit. Quinn, D. D., & Schick, L. Perianesthesia Core Curriculum, Elsevier, 2004.

6. TREATMENTS AND ACTIVITIES PERFORMED: All nursing activities are performed in accordance with the Scope of Practice and Competency Based Orientation. Common clinical activities include: admission and discharge assessments, patient and family teaching, venipunctures, peripheral intravenous therapy, finger stick blood glucose monitoring, blood transfusions, medication administration, urinary catheterization, nasogastric tube insertion, oral or nasogastric suctioning, dressing care, respiratory treatment, oxygen therapy, cardiac monitoring, vital signs monitoring, pain management, and ongoing assessments and documentation of nursing and medical intervention.

7. PERSONNEL PROVIDING CARE:

- a. Nursing:
 - 1) Registered Nurses
 - 2) Licensed Practical Nurses
 - 3) Nursing Assistants
 - 4) Medical Records Technicians
- b. Other Personnel:
 - 1) Physicians
 - 2) Certified Registered Nurse Anesthetists
 - 3) Pharmacists
 - 4) Radiology Technicians
 - 5) Laboratory Technicians
 - 6) Chaplain
- c. Staffing Management
 - 1) Class 1:2-one nurse to two patients
 - a) One unconscious, stable without artificial airway and over the age of 9 years; and one conscious, stable and free of complications
 - b) Two conscious, stable and free of complications

c) Two conscious, stable, 11 years of age and under; with family or competent support staff present

2) Class 1:1-one nurse to one patient

- a) At the time of admission, until the critical elements are met
- b) requiring mechanical life support and/or artificial airway
- c) any unconscious patient 9 years of age and under
- d) a second nurse must be available to assist as necessary

3) Class 2:1-two nurses to one patient

- a) One critically ill, unstable, complicated patient requires two licensed nurses, one of whom is an RN competent in phase I post anesthesia nursing
- b) There is, are present whenever a patient is recovering in phase I

d. Unit core staffing plan

PACU	ASAM Authorizations TDA 0202		Weekday Staffing Matrix (Excluding Head Nurse and Wardmaster)			Weekend Staffing Matrix (Excluding Head Nurse and Wardmaster)			
	Staffing	Military	Civilian	Day	Evenin g	Nigh t	Day	Evening	Nigh t
	RN	9	2	6	2	2	0	0	0
	LPN	9	0	3	3	1	0	0	0
	NA	0	2	1	1	1	0	0	0
	MRT	0	1	1	0	0	0	0	0

8. HOURS OF SERVICE: 24 hours per day five days per week. PACU staff member is on-call weekends and holidays.

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Nursing Policy

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Scope of Patient Care and Service

1. **UNIT TITLE:** Ward 48 Hemodialysis Unit.
2. **DESCRIPTION:** The Hemodialysis unit has twelve stations. The average daily census is 20. Portable Hemodialysis systems are used to treat acutely ill patients in the Intensive Care Unit as well as post renal transplantation support. TPE is available on an as needed basis, primarily inpatient. These activities support the care, teaching and research mission of this interdisciplinary National Capital Area medical center. Hemodialysis Unit hours of operation for patient care is Monday through Saturday 0600-1830 hours. Sunday closed. Open Holidays with exceptions. On call Hemodialysis services are available 24 hours of a day. Call the page operation at 782-1000.
3. **PATIENT POPULATION SERVED:** The Hemodialysis Unit provides comprehensive care, for eligible age 18 years to geriatric patients, who are eligible for care as designated by the Defense Eligibility and Enrollment Reporting System and the Patient Administration Department.
4. **CONDITIONS AND DIAGNOSES TREATED:** The Walter Reed Army Medical Center Hemodialysis Unit provides comprehensive care to acute and chronic renal disease patient requiring the various modalities of supportive and renal replacement therapy. These services include Conservative Management in the End Stage Renal Disease Clinic with pre-dialysis patients, family education, Hemodialysis, Continuous Renal Replacement Therapy, Therapeutic plasma Exchange and Renal Transplantation.
 - a. High Volume:
 - 1) End Stage Renal Disease
 - 2) Acidosis
 - 3) Access problems
 - 4) Central line insertion
 - 5) Renal failure due to post surgery
 - b. High Risk:
 - 1) Hyperkalemia
 - 2) Severe fluid overload
 - 3) Toxic overdose

- 4) Severe acidosis
- 5) Uremic Hemolytic Syndrome/ TTP
- c. High Cost:
 - 1) Therapeutic Plasma Exchange
 - 2) Continuous RENAL replacement Therapy (CRRT)
- d. Problem Prone:
 - 1) Cardiac patient
 - 2) Neurological patient
 - 3) Coagulation disorder
 - 4) Thrombosis of access
- e. Excluded Patient/Services:
 - 1) Patients and personnel not included in paragraph 3.
 - 2) Pediatric patients

5. STANDARDS OR GUIDELINES FOR PRACTICE:

- a. AR 570-4, Manpower Management, 15 May 2000.
- b. FM 8-501, The Workload Management System for Nursing, Nov 1990.
- c. WRAMC Regulations
- d. WRAMC Nursing Policies
- e. CCNS standard operating procedures
- f. Unit level standard operating procedures
- g. American Nurses Association, Scope and Standards of Practice, 2004.
- h. Lynn-McHale, D.J. & Carlson, K.K. AACN Procedure Manual for Critical Care, 4th ed., 2001.
- i. McCance, K. L., & Huether, S. E. Pathophysiology: Biological Basis for Disease in Adults and Children, 4th Ed., Elsevier, 2002.
- j. Sole, M. L., Goldenberg, D., & Moseley, M. Introduction to Critical Care Nursing 4th Ed., Elsevier, 2005.
- k. Springhouse, Nursing Procedures, Lippincott, 2004. To accompany software program: Procedures, Version 2.2, Lippincott, 2004
- l. Smith, Sandra F. & Duell, Donna J. Clinical Nursing Skills, 4th ed. Appleton & Lange, 1996.
- o. Standards of Clinical Practice for Nephrology Nursing- Third Edition, 1999.

6. TREATMENT AND ACTIVITIES PERFORMED: All Nursing activities are performed in accordance with the AMEDD end stage renal disease standards of practice and Competency Base Orientation. Common clinical activities include: Initiation assessment, patient and family teaching, venipunctures, intravenous therapy, cardiac monitoring, oxygen therapy, medication administration, ACT'S testing, I-STAT testing, central line dressing and site care, pain management, heparin free dialysis, therapeutic plasma exchange, CRRT, on going assessments and documentation of nursing and medical intervention.

7. PERSONNEL PROVIDING CARE: (Hemodialysis, TPE)

- a. Nursing:
 - 1) Register Nurse
 - 2) Licensed Practical Nurse
- b. Other Personnel:
 - 1) Physicians
 - 2) Physical therapy
 - 3) Social work
 - 4) Pharmacist
 - 5) Dietitians
 - 6) Respiratory therapy
 - 7) Chaplain
- c. Unit core staffing plan.

DIALYSIS	AMEDD ESRD Standards of Practice (TB MED 3) HN and WM		Weekday Staffing Matrix (excluding HN WM)		Weekend Staffing Matrix (excluding HN WM)	
Staffing	Military	Civilian	Day	Eve	Day	Eve
RN	2	7	3	1	2	1
LPN	8	1	4	2	3	1
MRT		1	1	0	0	0

8. HOURS OF SERVICE: 13 hours per day and one RN and one LPN on call 24 hours.